

MILITARY FAMILIES IN THE MIDST OF CRISIS: ROLE OF THE PEDIATRICIAN

**Elisabeth M Stafford, COL, MC, USA
Director, Adolescent Medicine Fellowship Program
San Antonio Military Pediatric Center**

“Today’s military family faces a military lifestyle that comprises higher operational tempo, more frequent deployments and thus increased family separations. They also experience more varied types of military missions and numerous relocations. These factors create stressful challenges for families that, if they are not able to manage successfully, can impact readiness.” (Military Family Resource Center)

The stresses and strains currently impacting on military families include:

- *variable, unpredictable long work hours for the service member
- *personnel and funding shortages
- *missions other than war-disaster relief (man-made and natural), peace-keeping, peace-making, and new “homeland defense” potential
- *the continuing, unpredictable terrorist threat-with increased sense of vulnerability among military families as possible targets both at home and abroad

The role of the media adds stress through its ability to portray the very real threats to life and limb that military personnel-and now the rest of society may face. Tragedy on the small and large scale unfolds in real time, up close and personal, without prior warning. Invading the home, media saturates the viewer-both young and old indiscriminately, with violent images shot/captured from multiple angles and repeated on the big screen repeatedly over hours and days as we have all recently witnessed. In the unmonitored setting, children viewing the violence can be traumatized.

With the increasing frequency of moves, support systems and safety nets to include extended family, friends, school, church may not be in place when deployment or disasters occur. Special attention must be paid to the family in transition-getting ready to relocate or newly arrived-if a crisis occurs. These families will feel more isolated, with a requirement for units' support systems to proactively draw them in and identify and support needs.

The pediatrician must be prepared to proactively step up to the plate in support of our military families in times of crisis. How does this occur? First the pediatrician must be educated and knowledgeable about the unique stresses facing military families. There are predictable patterns of response that service member, spouse, and children at different developmental stages may exhibit in time of crisis. The pediatrician must be able to provide anticipatory guidance to parents and outline healthy coping strategies for the parent to better care for themselves and their children in these times. The pediatrician

should be aware of unit missions on the installation and sense of operational tempo and impending unit deployments to provide timely and targeted family support. The pediatrician should be aware of military community resources available to support the needs of military families. These would include Army Community Services or Air Force Family Services, Child Development Center, Child/Youth Center, Chaplains' programs, EFMP, MTF resources to include primary care provider, social work services, and mental health. Units' Family Support or Readiness Groups are also critical elements of support.

We military pediatricians are entrusted to provide care and comfort to the 1.2 million children of active-duty service members who have sworn an oath as we did to uphold and defend the constitution. In times of crisis, we must provide timely, comprehensive support in such a way that service members who find themselves far from home and in harm's way are not distracted or discouraged by concerns regarding the care and support of their loved ones.

Family support opportunities for the pediatrician include:

- *providing anticipatory guidance about deployment/family separation issues during health maintenance visits
- *making parent/patient educational materials that are relevant to military family life available in the pediatric clinic setting
- *being knowledgeable of military installation's unit activities-increased operational tempo, impending lengthy deployment and proactively screen for and anticipate distress in the family
- *counseling on strategies to assist parents to better support the needs of their children in times of crisis, deployment, or disaster and to seek appropriate care and support for themselves
- *assessing for mental health service needs and mobilizing timely support
- *encouraging families to take advantage of programs such as unit's Family Support Group, Army Community Services, Chaplain's Family Life programs as a preventive, health promoting measure for the family
- *educating medical colleagues, command, school administrators and teachers, and child/youth service providers as a subject matter expert on the support needs of military children

Developmental Stages and Children's Expression of Distress:

Preschool or Kindergarten

- *clinging to people or favorite toy or blanket
- *unexplained crying or tearfulness
- *choosing adults over same-age playmates
- *increased acts of violence towards people or things
- *shrinking away from people or becoming very quiet

- *sleep difficulties or disturbances (waking, bad dreams)
- *eating difficulties or changes in eating patterns
- *fear of new people or situations
- *keeps primary care giver in view

School-Age Children

- *any of the signs listed above, and
- *a rise in somatic complaints
- *more irritable, labile
- *problems at school (grades, school refusal, fighting)
- *anger toward at-home parent, siblings

Adolescents

- *any of the signs listed above, and
- *acting out behaviors (trouble at school, home, law)
- *low self-esteem and self-criticism
- *misdirected anger (over small things, at parent/sibling)
- *sudden or unusual school problems
- *loss of interest in usual hobbies, activities

General Principles in Providing Support to Children in Times of Crisis:

- *maintain as much a sense of normalcy as possible, including routine discipline
- *reassurances of safety
- *increased physical contact with the child
- *answer questions as honestly as possible at child's level of comprehension
- *project a sense of calm and control as the adult role model
- *expect children to regress behaviorally
- *take care of oneself as the parent/ adult caregiver (diet, rest, exercise)
- *expect expressions of separation anxiety whether toddler or teenager
- *anticipate possibility of increased somatic complaints
- *keep child engaged in routine activities and connected to social support systems
- *encourage child to do something to help others
- *facilitate communication with loved ones far away
- *take seriously behaviors that persist and incapacitate function
- *take all mention of suicidal thoughts/intent seriously and seek attention
- *anticipate child with special needs/mental health/chronic illness to be more fragile
- *do not neglect the support needs of adolescents

Selected parent/patient educational materials for disaster/crisis response:

- *American Academy of Pediatrics website
- *American Academy of Child and Adolescent Psychiatry website

- *National Association of Pediatric Nurse Practitioners website
- *American Red Cross website

Selected military-related resources for families and children:

- *Military Family Resource Center website
- *Military Child Education Coalition website
- *Army Community Services website
- *Air Force Family Services website
- *www.lifelines4qol.org (Navy maintained website with links to sister services)

Selected readings for the military pediatrician:

Psychosocial Issues for Children and Families in Disasters: A Guide for the Primary Care Provider (can be ordered free of charge 1-800-789-2647) 5/1995

AAP Policy Statement on "The Pediatrician's Role in Family Support Programs" Pediatrics 107, 1: 195 2001

AAP Policy Statement on "How Pediatricians can Respond to the Psychosocial Implications of Disasters" Pediatrics 103,2 521 1999

AAP Policy Statement on "The Pediatrician's Role in Disaster Preparedness" Pediatrics 99, 1: 130 1997

The Military Family: A Practice Guide for Human Service Providers. Edited by Martin JA, Rosen LN, and Sparacino LR 2000

Minimizing the Impact of Deployment Separation on Military Children: Stages, Current Preventive Efforts, and Systems Recommendations Amen DG, Jellen L et al Military Medicine, 153, 9:441, 1988

Family Separations in the Military. Blount BW, Curry A et al Military Medicine, 157. 2:6, 1992

The Emotional Cycle of Deployment: A Military Family Perspective. Pincus SH, House R, et al.
Army Medical Department Journal PB 8-01-4/5/6 2000

Military pediatricians must be prepared to mobilize and intensify family support measures outlined above at the earliest signs of an unfolding large-scale crisis--don't wait until multiple families in a unit/units are crippled by distress--remember the impact of such neglect and inaction on the ability of the service member and unit to carry out critical missions at hand.
of our military families.

The challenges to all in these times of crisis may be great, but the resources and human capital we, as military pediatricians, have to draw upon is great, as well. Military leadership's clear commitment to fullest support of the military family empowers us. A clear vision of our noble mission to defend the nation in times of peril, to preserve our American way of life, to assuage human suffering, and to facilitate freedom's fullest expression in the lives of people around the world strengthens us. The support of a grateful nation sustains us. I have found myself reflecting in these recent sad, yet hope-filled days that there is no place I would rather be than providing care and support to the children